California Alcohol & Other Drug Treatment Report:
State Fiscal Year 2009-10

The treatment data in this fact sheet are based on admissions and discharges from publicly funded and/or monitored treatment services in California during State Fiscal Year (SFY) 2009-2010 as reported in the California Outcome Measurement System - Treatment (CalOMS-TX), unless otherwise noted. For additional information on CalOMS-Tx data collection, refer to the *CalOMS-Tx Data Collection Guide* or the *CalOMS-Tx Data Dictionary*, available at the CalOMS-Tx web page: http://www.adp.ca.gov/CalOMS/CalOMSmain.shtml.

The Department of Alcohol and Drug Programs' (ADP) mission is to lead efforts to reduce alcoholism, drug addiction and problem gambling in California by developing, administering and supporting prevention, treatment, and recovery programs. Our vision is for Californians to understand that alcoholism, drug addiction and problem gambling are chronic conditions that can be successfully prevented and treated.

The intent of this report is to summarize selected data maintained in the CalOMS-Tx database for the SFY 2009-10. CalOMS-Tx is used by ADP to collect data on substance treatment clients in publicly funded and/or monitored treatment programs.

There are 83 different data elements in CalOMS-Tx. These data elements focus on clients' characteristics and background, as well as their experiences prior to admission and discharge, including information about clients' history of alcohol and/or drug (AOD) use, criminal involvement, employment, education, family and social structure, and mental and physical health. Information about the experiences of those in treatment is useful as an indicator of client outcomes, emerging treatment trends, as well as prevention strategies for particular subpopulations.

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CalOMS-Tx Data Considerations

This report contains treatment admission, discharge, and outcome data from CalOMS-Tx. CalOMS-Tx data is collected from treatment clients at three time points:

1. Upon admission to treatment – data is collected within seven days of the first treatment service. All 83 CalOMS-Tx data elements are collected at this time.

2. At the annual update – this applies only for clients who have been in the same type of service and in the same program for twelve months or more. This report does not contain any annual update data.

3. Upon discharge from treatment – clients available to answer CalOMS-Tx questions are interviewed at the time of discharge. For clients who leave treatment against the program's advice or due to other circumstances and are not interviewed, the provider completes an abbreviated discharge record.

Only selected CalOMS-Tx data elements were used to provide the data reported here. Several of these data elements were re-formatted in order to provide summary data, or to create useful categories in which to analyze the data. In some cases multiple values of a single data element were summarized into categories. For instance, in the primary drug graphs in this report, twenty values for primary drug were summarized into six drug categories. In other cases, two CalOMS-Tx data elements were combined to create a single data element. For instance, in the graphs for race/ethnicity; race is one CalOMS-Tx data element and ethnicity is a separate CalOMS-Tx data element.

The data used for this report are based on client admissions and discharges, not unique client counts. A client is counted more than once if the client has more than one treatment admission and discharge during the selected

reporting period. Admissions and discharges are calculated for outpatient, residential, and detoxification services.
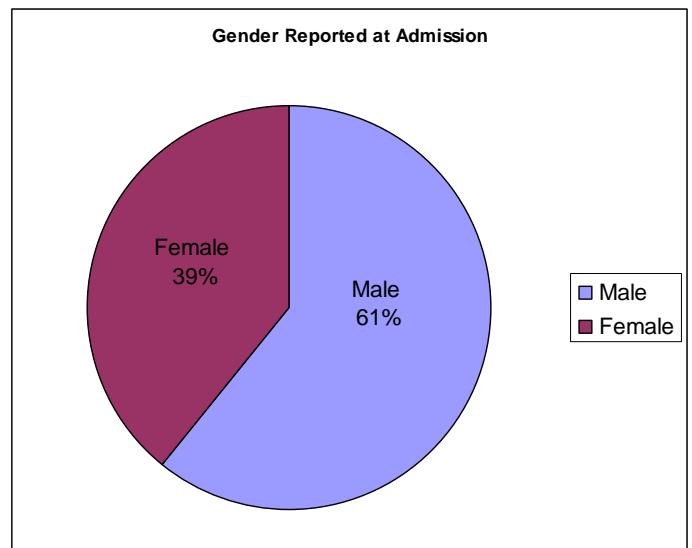
Admission Data

There were 187,526 admissions to treatment opened between July 1, 2009 and June 30, 2010 (SFY 2009-10). The number of individuals (clients) admitted to treatment during the year was 147,409. To provide a picture of the typical count of individuals in treatment, a count on April 1, 2010 was made. On that day, there were approximately 102,198 clients in treatment.

Clients may have multiple admissions to treatment during a year. This accounts for the difference between the number of admissions and the number of clients. These figures include admissions to outpatient, narcotic replacement, day care rehabilitative, detoxification, and residential services.
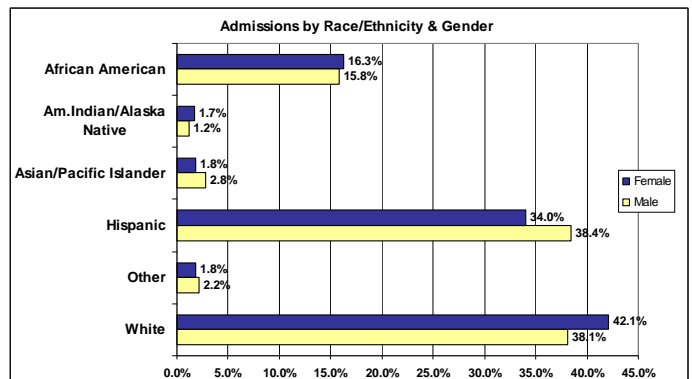
Detoxification by itself does not constitute complete substance abuse treatment. It is considered a precursor to treatment and designed to treat the physiological effects of stopping alcohol or other drug use. Detoxification is short term (usually less than a week) and is often repeated numerous times. Since a large percentage of the admissions in CalOMS-Tx are for detoxification, including them in analyses could distort the interpretation of the statistics of client characteristics. For this report, unless otherwise noted, detoxification admission results are not included.

The figures that follow in this section provide treatment admission data for the 154,375 non-detoxification admissions.
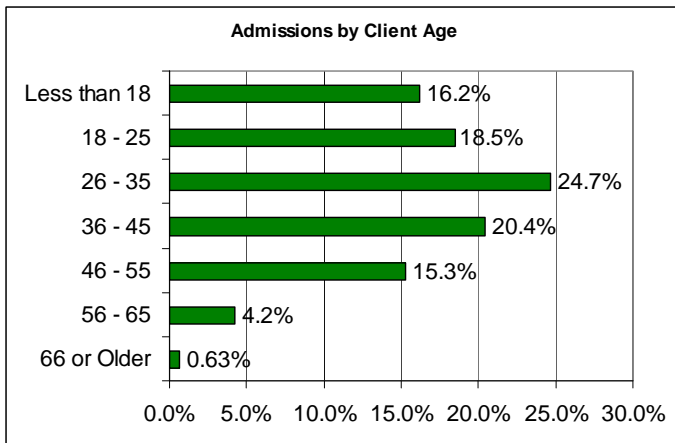
The following pie chart shows admissions by gender. Clients self report gender by selecting from one of three options: "male," "female," and "other." The largest percentage of admissions (94,080) was male (61%), followed by 60,221 admissions for females (39%). Seventy-four admissions were for clients reporting "other" for gender but are not shown because the percentage is so small (<1%).
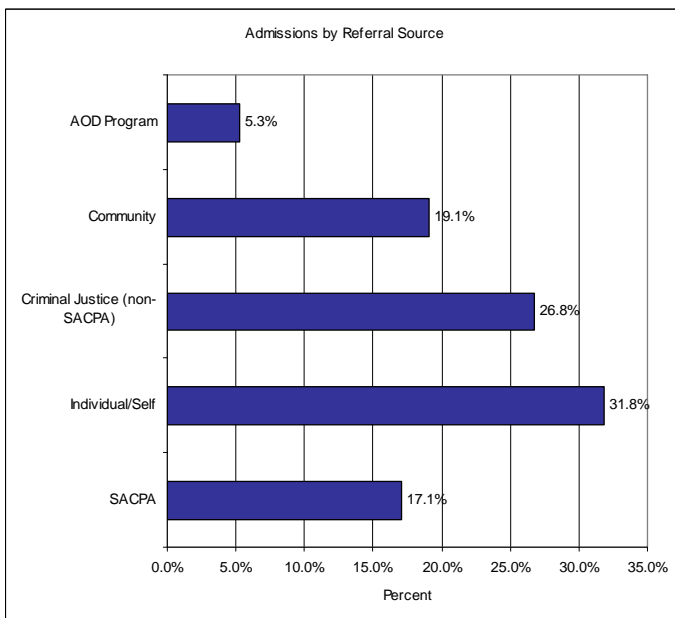

The graph below shows admission percentages by race/ethnicity and gender. Most admissions were for clients identifying themselves as either White or Hispanic. White males represented the largest group with 42.1% of admissions and white females 38.1%. Hispanic males represented 38.4% and Hispanic females 34%.
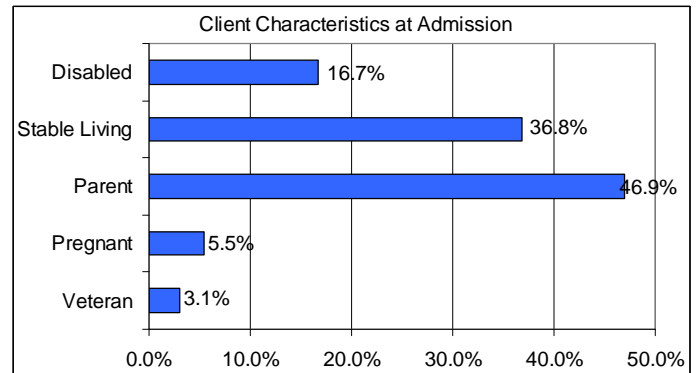
CA AOD Treatment Report (SFY 2009-10)

Admissions by Client Age

Age	Percent
Less than 18	16.2%
18 - 25	18.5%
26 - 35	24.7%
36 - 45	20.4%
46 - 55	15.3%
56 - 65	4.2%
66 or Older	0.63%

The graph above shows admission percentages by client age at admission. Nearly one-fourth of admissions (24.7%) were for clients 26 to 35, and 20.4% were for clients 36 to 45 years old. The third largest age group was clients 18 to 25 years of age (18.5%).

Admissions by Referral Source

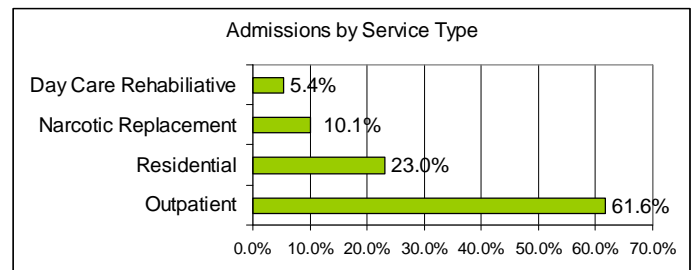| Source	Percent
AOD Program	5.3%
Community	19.1%
Criminal Justice (non-SACPA)	26.8%
Individual/Self	31.8%
SACPA	17.1%

The graph above shows admission percentages by referral source. Less than half (43.9%) the admissions to treatment resulted from referrals from the criminal justice system; either from the Substance Abuse and Crime Prevention Act (SACPA) or other courts (i.e., drug courts, non-SACPA court/criminal justice, or Driving Under the Influence (DUI) programs). Almost a third (31.8%) of admissions was for clients referred to treatment by themselves, a relative, or a friend (individual/self).

Client Characteristics at Admission

Characteristic	Percent
Disabled	16.7%
Stable Living	36.8%
Parent	46.9%
Pregnant	5.5%
Veteran	3.1%

The graph above provides data on key characteristics of clients:
- 46.9% of treatment admission clients were parents of children under the age of 18.
- Only 36.8% of clients admitted for treatment reported being in a stable living environment.
- 16.7% of admissions were clients who reported having one or more physical or mental disabilities.
- 5.5% of female admissions were pregnant women.
- 3.1% of admissions were clients who were veterans.

Note: Clients may fit into more than one of the categories listed above, so percentages do not sum to 100%.

Admissions by Service Type

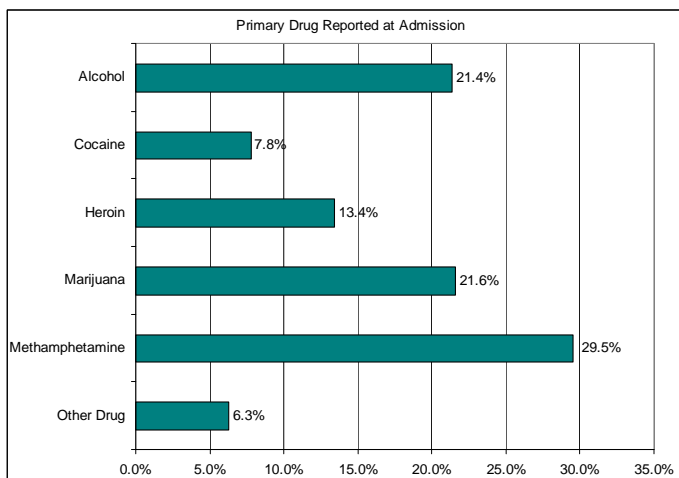| Service Type	Percent
Day Care Rehabiliative	5.4%
Narcotic Replacement	10.1%
Residential	23.0%
Outpatient	61.6%

The graph above shows the percent of admissions to treatment by type of service. Almost five and a half percent of admissions were for Day Care Rehabilitative services and slightly over 10 percent (10.1%) were for Narcotic Replacement Therapy (NRT). Of the 154,375 admissions, 23.0% were for Residential treatment. The largest percentage of admissions to treatment (61.6%) was for Outpatient (non-NRT) services.

The primary drug at admission is the drug reported by the client as the most predominant in use and associated with a need for treatment. For all the "primary drug" graphs in this report, the drug categories collected in CalOMS-Tx have been rolled up to create summary drug categories, defined as follows:

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- *Alcohol:* includes only admissions where the primary drug reported was alcohol.
- *Cocaine:* includes only admissions where the primary drug reported was cocaine or crack.
- *Heroin:* includes only admissions where the primary drug reported was heroin.
- *Marijuana:* includes only admissions where the primary drug reported was marijuana.
- *Methamphetamine:* includes only admissions where the primary drug reported was methamphetamine.
- *Other Drug:* includes admissions where one of the following primary drugs were reported: barbiturates, other sedatives/hypnotics, other amphetamines, other stimulants, phencyclidine, other hallucinogens, benzodiazepines, other tranquilizers, non-prescription methadone, oxycontin, other opiates, inhalants, over-the-counter, ecstasy, other club drugs, and other substances.

Primary Drug Reported at Admission

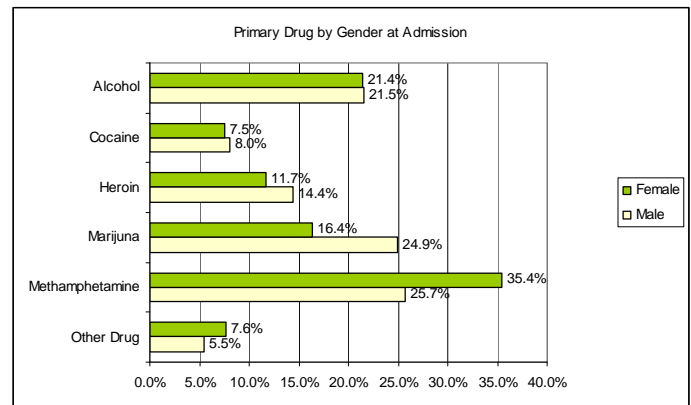| Drug	Percent
Alcohol	21.4%
Cocaine	7.8%
Heroin	13.4%
Marijuana	21.6%
Methamphetamine	29.5%
Other Drug	6.3%

The graph above shows the percent of admissions by primary drug. The highest percent is for methamphetamine (29.5%). Marijuana was the second most commonly reported primary drug at admission (21.6%), followed by alcohol (21.4%).

Primary Drug Use by Subpopulation

This section of the report shows the primary drug reported at admission among various subpopulations of the entire treatment population. The subpopulations examined are: gender, race/ethnicity, and age. Each subpopulation comprises a different proportion of the treatment population (154,375).

Each of the following graphs is based on the total number of admissions for a given subpopulation. For example, the graph of primary drug use among Hispanic persons (next page) uses the number of admissions for Hispanic persons (56,626) as the denominator. As the following data illustrate, the top three primary drugs reported at admission vary when examined at the subpopulation level.

Primary Drug Use: Gender Subpopulations

Primary Drug by Gender at Admission

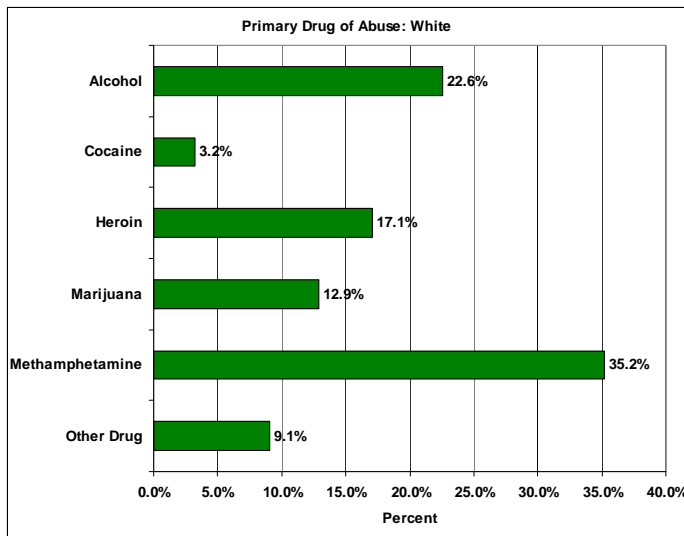| Drug	Female	Male
Alcohol	21.4%	21.5%
Cocaine	7.5%	8.0%
Heroin	11.7%	14.4%
Marijuna	16.4%	24.9%
Methamphetamine	35.4%	25.7%
Other Drug	7.6%	5.5%

In the graph above, admissions for the male treatment subpopulation are compared to admissions for females. Percentages displayed for women were calculated using the number of admissions for women (60,221 admissions) as the denominator and percentages displayed for men use the number of admissions for men (94,080 admissions) as the denominator. Methamphetamine is the top reported primary drug for both men and women. However, for women, the percent of admissions for methamphetamine is much higher than it is among men; 35.4% vs. 25.7%, respectively. Marijuana is the second highest primary drug (24.9%) for men. In contrast, the second highest primary drug reported among women is alcohol (21.4%).
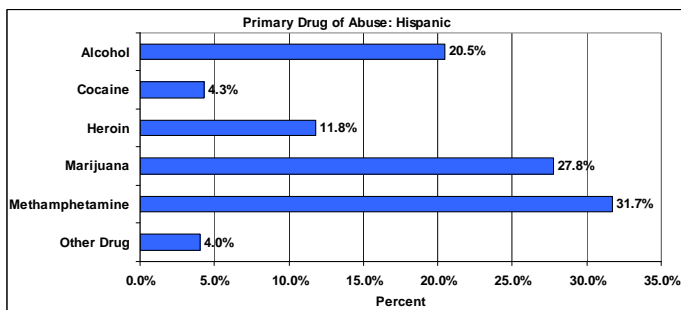
Primary Drug Use: Race/Ethnic Subpopulations

The following graphs provide admissions by primary drug for each race/ethnic subpopulation. Though race and ethnicity are different data fields in CalOMS-Tx, the data from both fields have been combined to create race/ethnic subpopulation groups for the purpose of examining drug use at the race/ethnicity subpopulation level.
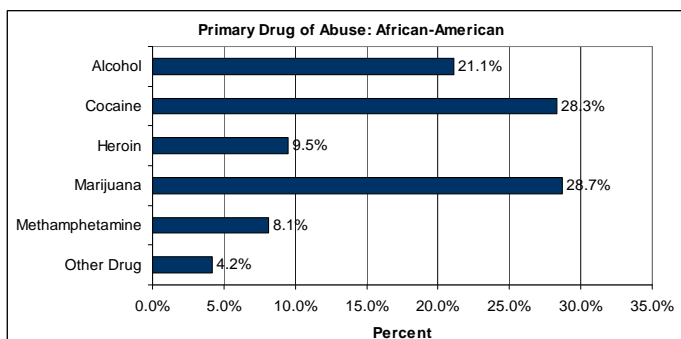
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Primary Drug of Abuse: White

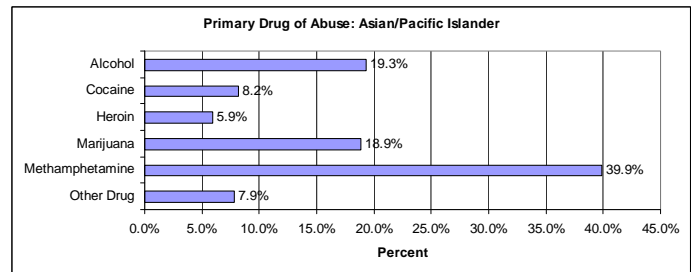| Drug	Percent
Alcohol	22.6%
Cocaine	3.2%
Heroin	17.1%
Marijuana	12.9%
Methamphetamine	35.2%
Other Drug	9.1%

The graph above shows the percent of admissions for each primary drug for the White treatment subpopulation (61,178 admissions). Methamphetamine is the most frequently reported primary drug among this group (35.2%), followed by alcohol (22.5%) and heroin (17.1%).

Primary Drug of Abuse: Hispanic

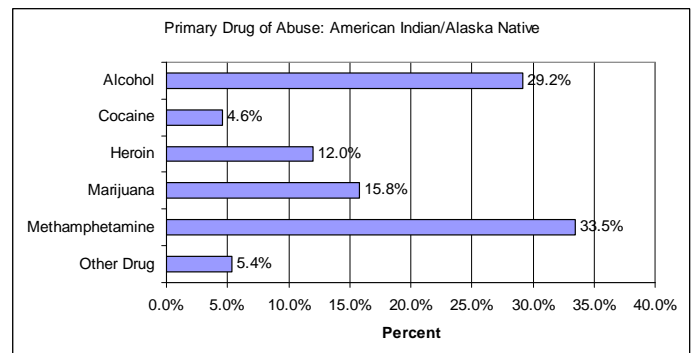| Drug	Percent
Alcohol	20.5%
Cocaine	4.3%
Heroin	11.8%
Marijuana	27.8%
Methamphetamine	31.7%
Other Drug	4.0%

The graph at the top shows data for the second largest race/ethnic treatment subpopulation, Hispanics (with 56,626 admissions). Methamphetamine is the primary drug at admission among this group, at 31.7%. In contrast to Whites, the second primary drug among Hispanics was marijuana (27.8%) followed by alcohol (20.5%).

Primary Drug of Abuse: African-American

Drug	Percent
Alcohol	21.1%
Cocaine	28.3%
Heroin	9.5%
Marijuana	28.7%
Methamphetamine	8.1%
Other Drug	4.2%

African-American (24,685 admissions) reflect the third largest race/ethnic subpopulation in treatment. The graph above shows the percent of admissions for each primary drug reported by African-Americans at admission to treatment. In contrast to other subpopulations, the primary drug for African-Americans was marijuana (28.7%), followed by cocaine (26.9%) and alcohol (21.1%).

Primary Drug of Abuse: Asian/Pacific Islander

Drug	Percent
Alcohol	19.3%
Cocaine	8.2%
Heroin	5.9%
Marijuana	18.9%
Methamphetamine	39.9%
Other Drug	7.9%

The graph above shows the percent of admissions by drug among the Asian/Pacific Islander treatment subpopulation (3,758 admissions). The primary drug for Asians/Pacific Islanders is methamphetamine (39.9%). Compared with other race/ethnic treatment subpopulations, this group has the highest percent of admissions for methamphetamine. Alcohol (19.3%) and marijuana (18.9%) are the 2nd and 3rd most reported drugs driving treatment for Asians/Pacific Islanders.

Primary Drug of Abuse: American Indian/Alaska Native

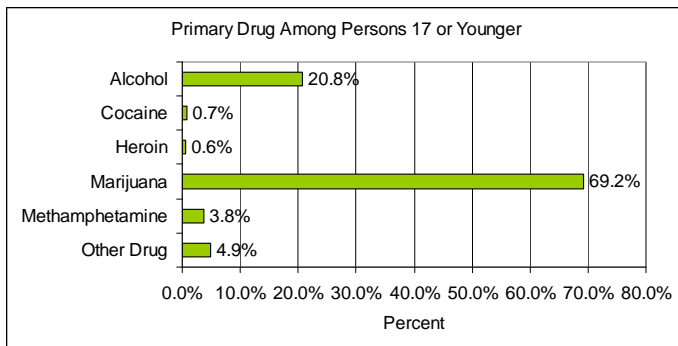| Drug	Percent
Alcohol	29.2%
Cocaine	4.6%
Heroin	12.0%
Marijuana	15.8%
Methamphetamine	33.5%
Other Drug	5.4%

The graph above shows the percent of admissions by drug among the American Indian/Alaska Native treatment subpopulation (2,140 admissions). Among this group the top primary drug was methamphetamine (33.5%), followed by alcohol (29.2%) and marijuana (15.8%).
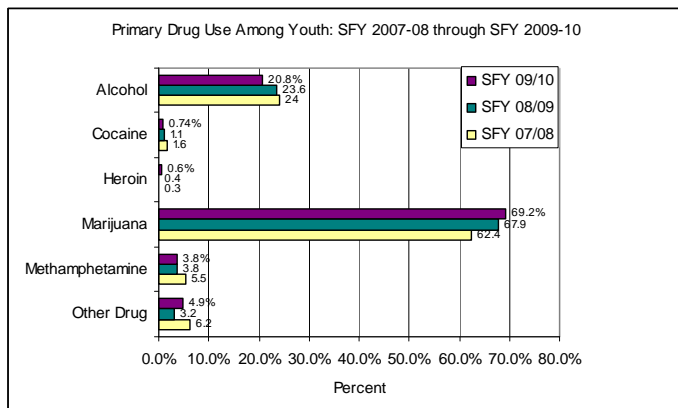
Primary Drug Use: Age Subpopulations

The following graphs provide primary drug use data for various age subpopulations.
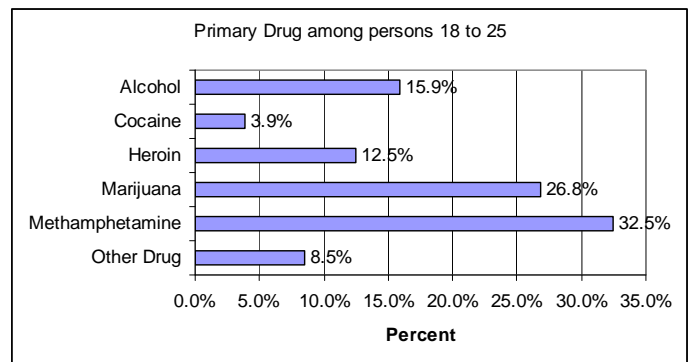
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CA AOD Treatment Report (SFY 2009-10)

Primary Drug Among Persons 17 or Younger

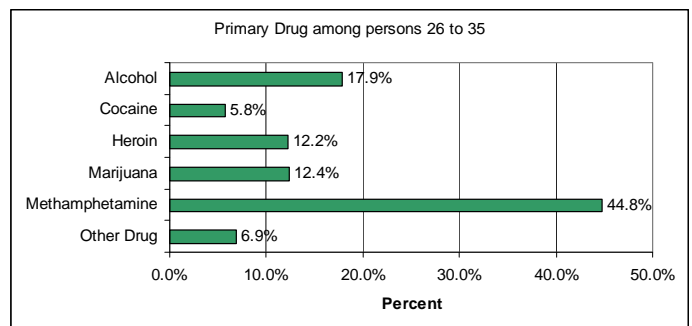| Drug	Percent
Alcohol	20.8%
Cocaine	0.7%
Heroin	0.6%
Marijuana	69.2%
Methamphetamine	3.8%
Other Drug	4.9%

Persons 17 and under (with 25,025 admissions) represent 16.2% of the treatment population for SFY 2009-10. The current SFY 2009-10 counts represent a 4% decrease in the number of youth admissions from SFY 2008-09 (with 26,078 admissions). As the graph on the bottom left shows, the largest percent of admissions for this treatment subpopulation were for marijuana (69.2%), representing nearly 7 out of 10 admissions for client under 18 years of age. No other treatment subpopulation shows admission percentages this high for a given primary drug.

Primary Drug Use Among Youth: SFY 2007-08 through SFY 2009-10

Drug	SFY 09/10	SFY 08/09	SFY 07/08
Alcohol	20.8%	23.6	24
Cocaine	0.74%	1.1	1.6
Heroin	0.6%	0.4	0.3
Marijuana	69.2%	67.9	62.4
Methamphetamine	3.8%	3.8	5.5
Other Drug	4.9%	3.2	6.2

The graph above provides a three-year picture of the primary drug for admissions of clients under the age of 18. Marijuana and alcohol were the two most common primary drugs reported by youth admitted into treatment for all three years. The percentage of youth reporting marijuana increased 1.3% from SFY 2008-09 to SFY 2009-10. Over the same period, the percentage of youth reporting alcohol decreased (2.8%) while those reporting methamphetamine decreased 1.7%.

Primary Drug among persons 18 to 25

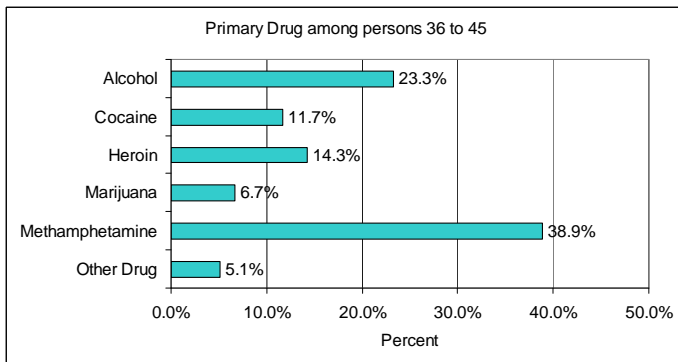| Drug	Percent
Alcohol	15.9%
Cocaine	3.9%
Heroin	12.5%
Marijuana	26.8%
Methamphetamine	32.5%
Other Drug	8.5%

The next age grouping is clients 18 to 25 years old (with 28,575 admissions). The graph above shows that the highest percent of admissions among this group was for methamphetamine (32.5%), followed by marijuana (26.8%) and alcohol (15.9%).

Primary Drug among persons 26 to 35

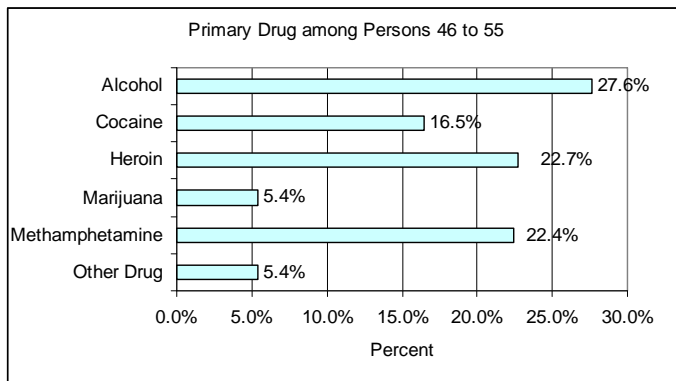| Drug	Percent
Alcohol	17.9%
Cocaine	5.8%
Heroin	12.2%
Marijuana	12.4%
Methamphetamine	44.8%
Other Drug	6.9%

The graph above shows percentages of admissions by primary drug among clients from 26 to 35 years old (with 38,071 admissions). This age group represents nearly a quarter (24.7%) of total SFY 2009-10 treatment admissions. As the graph shows the top primary drug for this group is methamphetamine (44.8%), and, compared with other age subpopulations, this age group has the highest percent of admissions for methamphetamine—approaching half of all admissions. Methamphetamine is followed by alcohol (17.9%) and marijuana (12.4%).

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Primary Drug among persons 36 to 45

The graph above shows the percent of admissions by drug among adults 36 to 45 years old (with 31,554 admissions). This age group is over one-fifth (20.4%) of treatment admissions. As the graph shows, 38.9% of adults between 36 and 45 reported methamphetamine as their primary drug, followed by alcohol (23.3%) and cocaine (11.7%).

Primary Drug among Persons 46 to 55

The graph above shows the percent of admissions for each drug for clients ages 46 to 55 (with 23,634 admissions). As this graph displays, three drugs were reported in similar proportions: alcohol (27.6%), methamphetamine (22.4%), and heroin (22.7%).

Primary Drug among Persons 56 to 65
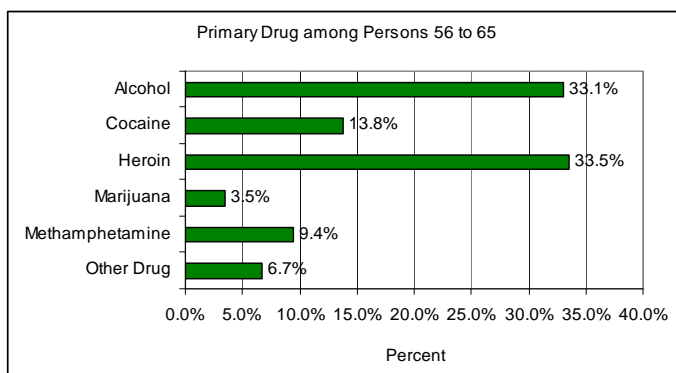
The graph above displays primary drug admissions among persons 56 to 65 years of age (with 6,546 admissions). Like

the 'under 18' age group, methamphetamine is not a 'top three' primary drug for clients between 56 and 65 years of age. For this group, the top three primary drugs are heroin (33.5%), alcohol (33.1%), and cocaine (13.8%).

Primary Drug among Persons 66 or Older
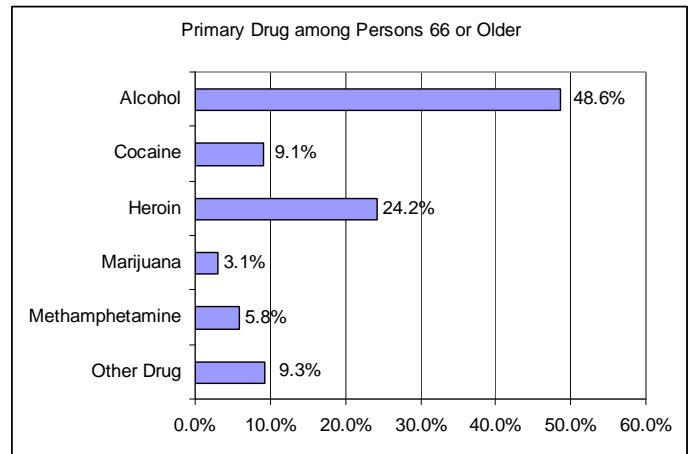
The graph above displays the group with the smallest percent (<1%) of treatment admissions (970)—persons 66 years of age or older. For this group, the top primary drug was alcohol (48.6%), followed by heroin (24.2%), and cocaine (9.1%).

The data in this section demonstrate the value of looking at treatment subpopulations to understand differences. As we have seen in the graphs presented, the top three primary drugs differ among treatment subpopulations.

Discharge Data

This section provides data related to treatment discharges from individual treatment service stays, with the discharge date between July 1, 2009 and June 30, 2010. Depending on the type of service, client needs, and client's progress in treatment, the length of treatment can vary from a number of days to several years following admission. As a result, the discharges reported here may have admission dates in prior year(s).

A client is counted more than once if the client has more than one discharge during the selected reporting period. Discharges from treatment may be grouped into three categories:

1. Standard discharge occurs when clients were asked all the CalOMS-Tx questions at discharge, and outcomes information was measured for this group;

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2. Administrative discharge occur when the clients were not available to answer CalOMS-Tx questions at discharge, i.e., stopped attending treatment sessions, death, and incarceration.

3. Limited discharge and outcome information are collected for youth and detoxification services.

During SFY 2009-10 there were 178,600 discharges from treatment. There were 142,102 individual clients discharged from treatment. Like admissions, clients may have multiple discharges in a given year. This accounts for the difference between discharge counts and client counts

For the following graphs, detoxification services have been excluded. This is because detoxification services tend to be short in duration and may be repeated multiple times in a given year. Including detoxification discharges would bias percentages relevant to treatment length of stay and discharge status. As a result, the total number of discharges used for the following graphs was 145,913.

The number of discharges is different than the number of admissions. This is because the admission count is obtained by pulling all admissions where the admission date was between July 1, 2008 and June 30, 2009. Discharges are pulled by discharge date; so the discharges included in the following data had a discharge date between July 1, 2009 and June 30, 2010. Time in treatment varies depending on the type of service, client needs, and client's progress in treatment.

For example, some outpatient service types may last one year or more, so the discharge count could include discharges for admissions submitted in the previous reporting year (SFY 2008-09) as well as discharges for admissions submitted in the current reporting year (SFY 2009-10).

The graph on page 10, titled *Reason for Discharge,* shows percentages for each of the eight reportable discharge statuses in CalOMS-Tx. Each discharge status is defined below.

1. **Completed Treatment, Referred**: This captures clients who completed the treatment goals for that service provider and are referred to receive additional treatment services in a treatment episode. This status is used for clients who are moving from one treatment service type

(e.g. residential) into another treatment service type (e.g. outpatient) as part of a treatment plan. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged under this status.

2. **Completed Treatment, Not Referred**: This captures clients who completed the treatment goals for that service provider and that finished a treatment episode and were not referred for further treatment service goals of their treatment plan. This category may also include clients who finished a single treatment service, who did not have further treatment services planned. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged under this status.

3. **Incomplete, Satisfactory Progress, Referred**: This captures clients who were referred from one treatment program to another prior to completing their treatment service as planned. This discharge status may capture clients who were responding very well to the service in which they were enrolled and were referred to receive a different level of service. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged under this status.

4. **Incomplete, Satisfactory Progress, Not Referred**: This captures clients who were making good progress in their treatment, but stopped appearing for services on their own accord, against the advice of the treatment program. For example, a client may feel s/he is ready to discontinue treatment and simply stops coming in for counseling sessions even though s/he has not completed the services as planned by the provider. When an exit interview cannot be held the provider has to prepare an "administrative discharge" to close the client's service record. Clients discharged administratively do not answer the CalOMS-Tx questions at discharge. Therefore outcomes cannot be measured.

5. **Incomplete, Unsatisfactory Progress, Referred**: This captures clients who were referred from one treatment program to another prior to completing their treatment service as planned. This discharge status may capture clients who were not responding well to the service in which they were enrolled and were thus referred to

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another program or to receive a different level of service. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged for this reason.

6. **Incomplete, Unsatisfactory Progress, Not Referred**: This captures clients who were not doing well in treatment and left the treatment program on their own accord prior to completing their treatment as planned by the provider. This discharge status can be an administrative discharge. If the client left treatment without notice the CalOMS-Tx discharge questions are not collected from the client. Therefore, outcomes would not be measured.

7. **Death**: This status captures clients who passed away prior to completing their treatment as planned by the provider. Clients discharged for this reason do not complete the CalOMS-Tx discharge questions and thus outcomes like percent change cannot be calculated. This is also an administrative discharge category.

8. **Incarceration**: This captures clients discharged from treatment because they became incarcerated prior completing treatment. Discharges that fall in this category are also administrative discharges and thus treatment outcomes, such as percent change, cannot be calculated for these clients.

The following graphs provide demographic and other information obtained from client discharge records.


Reason for Discharge
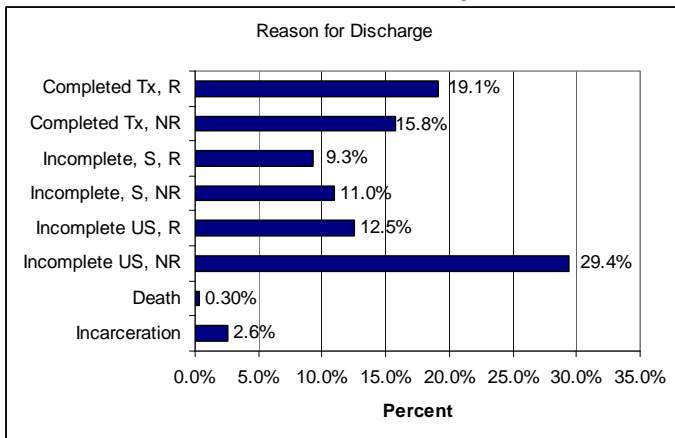
Note: to increase readability, the discharge statuses have been abbreviated on this graph; treatment is indicated by "Tx"; "unsatisfactory" and "satisfactory" are indicated by "US" and "S," respectively; and "referred" and "not referred" are indicated by "R " and "NR", respectively.

In SFY 2009-10, 34.9% of discharges were for clients who completed treatment (discharge status 1 and 2), and 12.5% of discharges were for clients who did not complete treatment but were referred to receive additional treatment services.

Discharges by Service Type
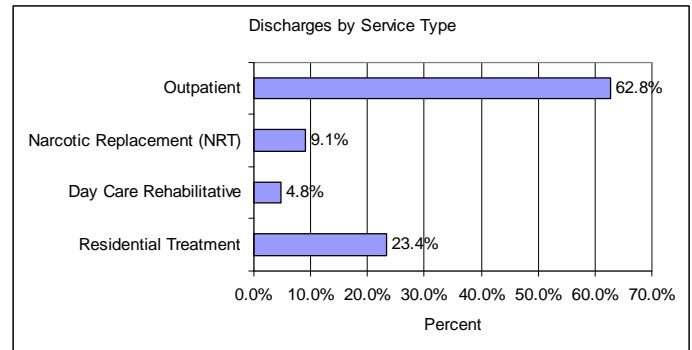
The graph above provides the discharge percentages by treatment type, excluding discharges from detox. Nearly two-thirds (62.8%) of the 145,913 discharges were from outpatient services. Almost a quarter (23.4%) of discharges was for short- or long-term residential treatment services.

Research has shown that longer treatment stays are associated with positive outcomes. However, some treatment services have time limitations. For example, most residential treatment services do not exceed 90 days, but are usually followed by outpatient treatment services.

Service Type by Length of Stay
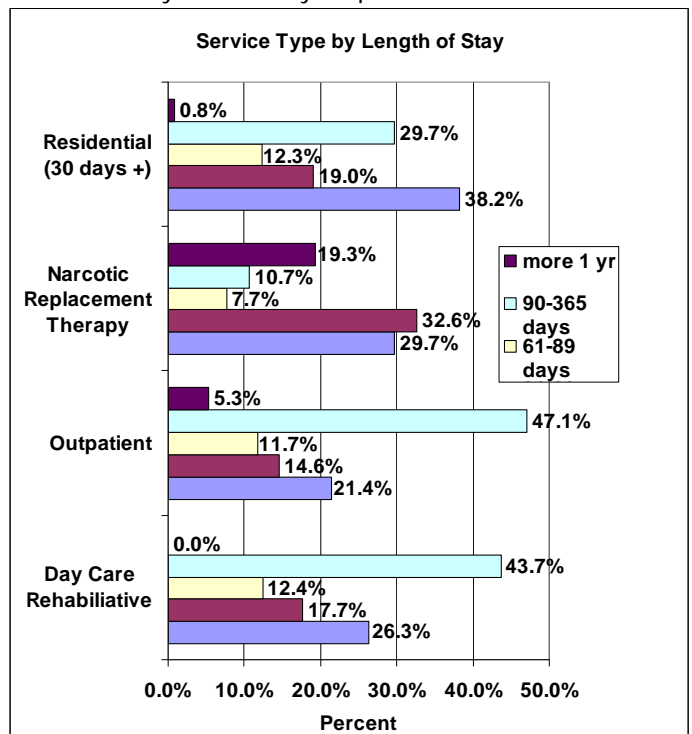
Note: Data on Residential (<30 days) services are not shown since 100% of the clients stayed 30 days or less.

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The graph above compares the type of treatment to length of stay—the number of days between admission and discharge. These data indicate that nearly one-third of clients (32.6%) in Narcotic Replacement Therapy services stayed between 31-60 days. The largest percentage of clients in Outpatient (47.1%) and Day Care Rehabilitative (43.7%) services stayed for 90-365 days. Most clients in long term residential services (38.2%) stayed less than 30 days.

Changes During Treatment

This section provides data about how treatment impacted clients served; i.e. how a client's life or behavior changes between admission to treatment and discharge from treatment. Change is assessed by collecting the same data (e.g., frequency of primary drug use in the past 30 days) from clients at both points.

As mentioned, CalOMS-Tx data collection includes asking clients about their experiences, and covering a variety of topics such as their AOD use, criminal involvements, employment/education experiences, family/social environments, and mental and physical health. The data collected for these life domains are referred to as "outcome measures." Most of these outcomes refer to experiences within 30 days of admission or discharge. Some refer to the current experience of clients at admission or discharge.

The client responses provided at admission (A) are compared with the responses provided at discharge (D). The impact of treatment is then assessed by calculating the difference, or percent change, between the responses at admission and the responses at discharge. The calculation used to assess the impact of treatment is percent change. Percent change (P) is calculated as follows:
$P = [(D-A)/A]*100$.

As was done for admission and discharge data, detoxification services were excluded from the following treatment outcome data since fewer CalOMS-Tx data are collected from detoxification clients because of the shorter duration of these services.
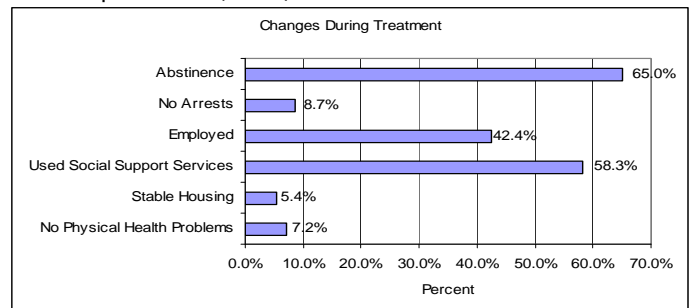
Changes During Treatment: Matched Records

The data in the table on the following page represent matched sets of admissions and discharges. Admission data is submitted for each client, for each treatment service they receive. Discharge data for these client admissions to each client service are submitted separately. A unique, randomly generated identification number is used to match client discharge records to their corresponding admission records. This allows the comparison of clients' responses at admission and discharge to determine treatment outcomes. These matched sets of client admission and discharge records are referred to as "matched records."

Some clients have multiple admissions to and discharges from treatment within a given year. Therefore, the data in the following subsection represent the group of all matched records for all treatment services, except detoxification, where the discharge date occurred between July 1, 2009 and June 30, 2010. As discussed previously, some clients are administratively discharged, meaning they leave treatment prior to answering the CalOMS-Tx discharge questions. The following data do not include administrative discharges since clients are unavailable to answer the treatment outcome questions.

Please note: Excluding data from clients who did not complete treatment may result in bias in the results—i.e., toward favorable outcomes. The following highlights and chart summarize the data shown in the table on page 12:

1. An increase in clients reporting abstinence of the primary drug (65%).
2. A decrease in clients with no arrests (8.7%)
3. An increase in clients employed full or part-time (42.4%)
4. An increase in clients who use social support services (58.3%). Research has shown that participation in social support programs, such as 12-step programs, is associated with positive treatment outcomes and long-term, sustained recovery from addiction or abuse.
5. A decrease in clients living in a stable living environment (5.4%), such as in a home or apartment, and contributing to the living costs.
6. An increase in clients who have no physical health problems (7.2%).

Changes During Treatment

Category	Percent
Abstinence	65.0%
No Arrests	8.7%
Employed	42.4%
Used Social Support Services	58.3%
Stable Housing	5.4%
No Physical Health Problems	7.2%

Life Domain	Outcome Measures	1 Admission (A)	2 Discharge (D)	3 Difference (D −A)	4 Percent Change (P)
Primary Drug Use	No Use	32,278	61,493	29,215	65.0%
Criminal Involvement	No Arrests	73,077	80,074	6,997	8.7%
Employment	Employed	13,489	19,207	5,718	42.4%
	Enrolled in Job Training	2,295	4,631	2,336	101.8%
Family & Social	Had Serious Family Conflict(s)	8,338	4,879	-3,459	-41.5%
	Lives with AOD user	9,626	5,303	-4,323	-44.9%
	Used Social Support Services	34,362	54,392	20,030	58.3%
Living Status	Stable Housing	50,047	52,904	2,857	5.7%
Medical & Health	Emergency Department (ED) Visit	6,279	3,899	2,380	-37.9%
	Overnight Hospital Stay	2,347	1,160	-1,187	-50.6%
	No Physical Health Problems	58,693	62,938	4,245	7.2%
Mental Health	Psychiatric Emergency Room Visit	2,084	1,406	-678	-32.5%
	24-hour Psychiatric Hospital Stay	1,715	1,030	-685	-39.9%

Summary

The following bullet points reflect some of the notable findings from an analysis of CalOMS-TX data for the SFY 2009-10 reporting period:

- There are 154,375 (non-detoxification) admissions. There are 147,409 individuals (clients) admitted to treatment.

- Client Admission Characteristics:

    o The majority (61%) are male.

    o Nearly half (45%) are between 26-45 years old.

    o Nearly half (47%) are parents of children under the age of 18.

    o Nearly half (44%) are referred through the criminal justice system.

- The largest percentage of admissions to treatment (62%) receives Outpatient Services.

- Primary Drug at Admission varies by subgroup:

    o Methamphetamine is the top primary drug reported among men, women, three of the seven age subpopulations in SFY 2009-10, and all race/ethnic groups except for African Americans, for whom cocaine is the primary drug at admission.

    o Nearly 7 out of 10 (69.2%) of the youth (under 18) in treatment report marijuana as their primary drug.

    o The percentage of youth admissions who report methamphetamine as their primary drug decreased from SFY 2008-09 to SFY 2009-10, while the percentage reporting marijuana/hashish and heroin increased. Alcohol admissions have remained relatively stable.

    o Heroin is the top primary drug reported for persons 56 to 65 (33.5% of admissions for this

group), and alcohol is the top drug for those 65 and older.

- The largest percentage (47.1%) of clients in Outpatient services stayed in treatment for 90-365 days.

- Using several measures of client functioning, data show that clients in California's AOD treatment system benefit from involvement in treatment. Notable changes include increases in 1) alcohol and other drug abstinence, 2) employment and employability, 3) social and family interactions, 4) physical and mental health, and a decrease in criminal activity.

Taken together, these data describe clients who receive treatment services in publicly funded and/or monitored programs in California. Clients face many problems related to their substance abuse. The data show how treatment positively impacts many areas of the clients' lives.

Highlights of Changes from FY 08-09

- There was a 13 percent decrease in the number of admissions between FY 2008-09 (217,901 admissions) and FY-09-10 (187,526 admissions).

- Compared to last year, the percent of admissions for methamphetamine (entire treatment population) decreased 2 percent, resulting in decreased in the various subpopulation groups. Highlights of the subpopulation decreased in methamphetamine admissions are:

  o .9 percent for American Indian/Alaska Native;
  o 2.4 percent for Hispanic;
  o 2.8 percent for White; and
  o 1.6 percent for women.